DR. CAROLYN REED

• Mr. HOLLINGS. Mr. President, I rise today to recognize Dr. Carolyn Reed, director of the Hollings Cancer Center at the Medical University of South Carolina. The Post and Courier newspaper in Charleston, SC recently published a profile of Dr. Reed in a special Remarkable Women section. I have the great pleasure of working with Dr. Reed and can attest to the remarkable job she has done since taking the reins as director last year. She is a talented and compassionate surgeon and effective administrator who easily blends these two roles in mapping the Cancer Center's future. Her commitment to offer all South Carolinians state-of-the-art cancer care is unwavering.

I ask that the article be printed in the RECORD.

[From the Post and Courier (SC), July 25, 2001]

SURGEON IS HEAD OF CANCER CENTER

(By Dottie Ashley)

You might think a pall would hang in the air when you enter the office of Dr. Carolyn Reed. She must deal daily with deadly disease in her dual roles as thoracic surgeon and director of the Hollings Cancer Center at MUSC.

But, instead, you can't help but smile.

Occupying one shelf, alongside a volume titled ''Thoracic Oncology,'' is a large green jar with the words ''Male Sensitivity Pills'' printed on the label.

''I doubt if that endears me to my male colleagues,'' says Reed with a laugh. Wearing her white doctor's coat over a lilac blouse, she buzzes around the office, filling it with energy and optimism, even when she is viewing results from radiology that reveal a patient has lung cancer.

The surgeon, now 50, who won a thoracic surgical oncology fellowship to the venerable Memorial Sloan-Kettering Cancer Center, doesn't beat around the bush.

She's a straight-talking Maine Yankee, and, on this morning, speaking firmly into the telephone to a colleague, says, ''This is absurd; the system is making us do unnecessary procedures.''

Accustomed to changing the system and cracking glass ceilings, Reed is one of 4,000 practicing cardio-thoracic surgeons in the United States, of which only 2 percent are female.

And she is the only female thoracic surgeon practicing in South Carolina, according to state figures.

Although Reed, who is single, has cut back to a degree on the number of surgeries she performs since taking over as director of the Hollings Cancer Center last August, she is still very involved with her first love. She worries that more women don't enter the thoracic surgery arena.

''It's true more women are getting into medicine, but not really into surgery and especially thoracic surgery,'' she says, noting that when she graduated from the University of Rochester School of Medicine in 1977, only 10 percent of those in medical school residencies were women. Today, that figure is close to 50 percent. But she points out that only about 5 percent of the residents-in-training in the field of thoracic surgery are women.

''It's clearly a male-dominated field,'' she says. ''For example, I use the nurses' locker room at MUSC because there is no locker room for female surgeons. But it doesn't bother me a bit because I respect nurses and view them as colleagues, not as handmaidens.''

''The Heart is an Organ To Pump Blood to the Esophagus'' are the words mounted on a plaque in Reed's office, indicative of her fascination with the chest portion of the human body.

''I perform operations involving lung and esophageal cancer,'' says Reed, who assumed the position of professor of surgery at MUSC in 1985.

Always interested in science when attending high school in rural Maine, Reed became aware of the devastating effects of cancer when her father died of the disease when only in his 40s. At the time, she was a freshman at the University of Maine, where she graduated in 1972 as valedictorian of the class.

She then went on to the University of Rochester School of Medicine, where she received her medical degree in 1977, graduating with honors and distinction in research.

However, after working in research with her mentor who was a specialist in leukemia, she learned that she vastly preferred to work with patients than in a lab.

''I love my patients,'' she says. ''It has been said that doctors should keep a professional distance, but many of my patients have become my friends. The day that I don't cry in my car on the way home when I have lost a patient is the day I will quit.''

And in the past, she encountered some who encouraged her to quit.

When she was a resident in general surgery in 1982 at New York Hospital-Cornell Medical Center in New York City, Reed was told by the center's leading teaching surgeon: ''Women only belong in the kitchen and the bedroom.''

''Do you think I liked operating with him after hearing that?'' she asked rhetorically. ''I told him I didn't agree with him, but then I went right ahead and learned every single thing I could from him, because he was a brilliant man.

''And I think I eventually earned his respect because I ended up being the chief resident that year.''

She also faced other adversities: When she first arrived at New York Hospital, someone referred to her as ''that poor intern,'' and she learned that was because normally the thoracic surgery floor has two interns, but this time it would have only one. She was expected to work every night, often going two nights straight without sleep.

But the only time she almost gave up was when she had returned to New York Hospital for two years of cardio-thoracic surgery after working at Memorial Sloan-Kettering. ''I lived across the street from the hospital where they had apartments for the staff, and after i had worked two days without sleep, I was finally sleeping in my scrubs. At 2 a.m. the phone rang. I had to get over there. When I ran out into that empty street I was crying because I thought I just can't do it. I just can't.

''But then I did it, and I saw what you can do when you are dedicated, when you really love what you do. And to see the immediate, positive results of surgery is my favorite thing in the world,'' she says on this rainy morning as she prepares to operate once more, hoping to give one more cancer patient a chance at life.•

AARP'S CELEBRATION OF MEDICARE'S 36TH ANNIVERSARY

• Mr. JOHNSON. Mr. President, I am pleased to join AARP, including South Dakota's nearly 85,000 members, today to celebrate the 36th anniversary of the Medicare program.

I want to applaud the efforts of Don Vogt, Deb Fleming, and all the volunteers of South Dakota AARP for the work they do in South Dakota and those AARP staff and volunteers around the country that provide important assistance to their over 34 million members nationwide.

As long as we are celebrating important dates in history, I want to also recognize and celebrate the 43rd anniversary of AARP this year. Since its inception, AARP has had a vision, ''to excel as a dynamic presence in every community, shaping and enriching the experience of aging for each member and for society.'' I think we can all agree that today's celebration is an example of making this vision a reality.

Most of us here today can remember what life was like prior to the Medicare program. While some people may reflect on the good old days of housecalls and town doctors, the reality for most seniors was that there was very little access to health care coverage. In fact, when the Medicare program was implemented in 1965, nearly 30 percent of elderly Americans lived below the poverty line and could not afford medical insurance coverage. As a result of Medicare's successes over the last 36 years, the decrease in individual expenditures on health are allowed many seniors to maintain their savings longer into their retirement years, leading to a dramatic drop in the poverty level of seniors to just over 10 percent in recent years. This stark contrast to the number of seniors living in poverty prior to the Medicare program is a testament to the program's long term success. In addition, elderly Americans now maintain healthy, active lives well past the average life expectancy of Americans during the first half of the 20th century.

I do, however, feel that no entitlement program is perfect and Medicare is no exception. While I believe that Medicare does an outstanding job of providing coverage for its nearly 44 million beneficiaries, I think it is possible to improve upon this highly effective program. To use a phrase that coincides with the theme of this year's Medicare birthday celebration, I believe it is possible to have our cake and eat it too.

Prescription drugs played an extremely small role in health care when Medicare was first implemented. Today, prescription drugs play an integral part in a wide variety of therapies for illnesses and diseases that affect aging populations. But while our Medicare beneficiaries' dependence on prescription drugs grows, so has the price of acquiring those important therapies. That is why I have introduced several pieces of legislation that provide common-sense solutions to the rising cost of prescription drugs. My Prescription Drug Fairness for Seniors legislation would allow seniors to purchase their prescriptions at the same cost as is offered to senior citizens of other industrialized nations. Another version of the Prescription Drug Fairness for Seniors bill would require that seniors have access to the same prices that most favored purchasers like HMOs